DOCUMENT RESUME

ED 111 523 PS 008 077

TITLE Head Start Services to Handicapped Children. Second Annual Report of the U.S. Department of Health, Education, and Welfare to the Congress of the United States on Services Provided to Handicapped Children in Project Head Start.

INSTITUTION Office of Child Development (DHEW), Washington, D.C.

PUB DATE Apr 74

NOTE 24p.; For the First Annual Report, see PS 008 076

EDRS PRICE MF-$0.76 HC-$1.58 Plus Postage

DESCRIPTORS *Early Childhood Education; *Handicap Detection; *Handicapped Children; Language Handicapped; Mentally Handicapped; Multiply Handicapped; Normalization (Handicapped); Parent Counseling; Physically Handicapped; Preschool Curriculum; *Preschool Programs; Program Development; *Regular Class Placement; Special Services

IDENTIFIERS *Project Head Start

ABSTRACT

This report documents the status of handicapped children in Head Start programs, the number of children being served, their handicapping conditions, and the services being provided. Children professionally diagnosed as handicapped account for at least 10.1 percent of children enrolled in full year Head Start Programs. Nearly 50 percent of the children require a "fair amount" or "practically constant" special assistance. One of the most important services Head Start programs offer a handicapped child is the chance to be in a developmental environment with nonhandicapped children. Local communities are being helped to develop a diagnostic team capability to insure appropriate assessments of young children to serve as a basis for program planning. All Head Start programs enrolling handicapped children require additional training of staff. Staff training focuses on attitudes toward handicapped children, growth and development, teaching methods, curriculum development, and speech and language development. Counseling for families of handicapped children, modifying physical facilities, and providing special equipment are among the services Head Start provides for its handicapped children. (BRT)

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HEAD START SERVICES TO HANDICAPPED CHILDREN

SECOND ANNUAL REPORT
OF THE
U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
TO THE
CONGRESS OF THE UNITED STATES ON
SERVICES PROVIDED TO HANDICAPPED CHILDREN
IN PROJECT HEAD START

PS 008077

U.S. Department of Health, Education, and Welfare
Office of Human Development
Office of Child Development
Washington, D.C. 20013

April 1974

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SUMMARY

The 1972 Amendments to the Economic Opportunity Act (P. L. 92-424) require that at least ten percent of national Head Start program enrollment opportunities be made available to handicapped children. It is intended that these preschool children receive the benefits of an integrated setting where they can learn and develop with non-handicapped children and that services shall be provided to meet their special needs.

In response to the legislative mandate, the Office of Child Development launched a major effort to enroll handicapped children into Head Start programs. To date, children professionally diagnosed as handicapped account for at least 10.1 percent of the children enrolled in Full Year programs. An additional 3.1 percent of children enrolled in Full Year programs are either partially diagnosed or reported as possibly handicapped. Moreover, handicapped children constitute 11.2 percent of children enrolled in Summer programs.

The legislation defines handicapped children as "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, crippled, or other health impaired children who by reason thereof require special education and related services." It has generally been recognized by Congress that, in addition, children with milder disabilities (e.g. visual problems correctable with eyeglasses) have been and should continue to be served by Head Start. However, these children are clearly outside the scope of this legislation and the Office of Child Development policy which defines handicaps in terms of the need for special education and other special services; and children with milder disabilities are not included within this report. Handicapped children would also receive the normal range of Head Start services: education, parent involvement, social services and health services (including medical, dental, mental health, and nutrition).

Head Start policy requires that no handicapped child be arbitrarily excluded from the program solely on the basis of the nature or extent of the child's handicap. Head Start grantees are also required to engage in active outreach and recruitment of handicapped children, including the more severely handicapped.

The distribution of handicapped children by category of handicap is as follows: 35 percent speech impaired (this is consistent with nationwide prevalence figures reported for preschool children), 20 percent health or developmentally impaired, 12.2 percent seriously emotionally disturbed, 9.4 percent physically handicapped, 7.9 percent hearing impaired, 7.4 percent mentally retarded, 6.6 percent visually impaired, 1 percent deaf and 0.5 percent blind. Nearly 50 percent of these handicapped children require a "fair amount" or "practically constant" special assistance. This is a reasonable single measure of the severity of a child's handicap.

Head Start programs are required to institute procedures to insure that no child or family is mislabled or stigmatized with reference to a handicapping condition. For the purposes of this annual report, only professionally diagnosed children are reported. Local communities are being helped to develop a diagnostic team capability to insure comprehensive, appropriate, functional assessments of young children to serve as the basis for program planning for the individual child.

In order to supplement Head Start resources and staff capability in working with preschool handicapped children, Head Start grantees have attempted to develop cooperative working relationships with other community agencies and organizations experienced in working with handicapped children. Many of the public and private organizations have assisted Head Start programs in the recruitment of handicapped children; screening, diagnosis and assessment of these children; training for Head Start staff and parents, treatment and support services for the child and family; and providing volunteer staff for Head Start programs.

All Head Start programs enrolling handicapped children required additional training of staff. This was accomplished through both pre-service and in-service training sessions. Much of the training focused on staff attitudes toward handicapped children; growth and development with particular emphasis on handicapping conditions; teaching methods; and curriculum development. Due to the number of speech impaired children diagnosed, speech and language development, pathology and teaching techniques were appropriately included.

One of the most important services which Head Start renders on behalf of the preschool child is the opportunity to be in a developmental environment with non-handicapped children. In addition, certain special services focus on assisting the family of a handicapped child to maximize the benefits that can be derived from Head Start, and providing or arranging for a child's special needs through modifications of physical facilities or provision of special equipment and materials.

Preliminary findings with respect to the quality of this effort in Head Start programs this year show that psychological as well as physical integration is being achieved relatively well. In general, Head Start program staff have a positive attitude toward the integration of handicapped children with non-handicapped children. Handicapped children appear to be benefitting from their Head Start experience.

A majority of handicapped children enrolled in Summer Head Start entered a regular school system in the Fall of 1973. Similarly, many of the handicapped children enrolled in Full Year Head Start will enter the school system in the Fall of 1974. Communication is currently being established between Head Start and the local school systems to provide for continuity of the services which were provided while the children were in Head Start.

Other highlights of the report:

- Ninety percent of the Head Start programs are serving at least one handicapped child.
- One out of every five handicapped children in Head Start has multiple handicaps.
- 41.1 percent of the parents with handicapped children enrolled in Head Start are receiving special counseling.

CHAPTER I

PROJECT HEAD START AND PRESCHOOL HANDICAPPED CHILDREN

BACKGROUND INFORMATION

A. Purpose of this Report

This is the Second Annual Report to the Congress on Head Start services to handicapped children. The purpose of the report is to inform the Congress of the status of handicapped children in Head Start programs, including the number of children being served, their handicapping conditions, and the services being provided. This report records the implementation of the legislative mandate (1972 Amendments to the Economic Opportunity Act - P.L. 92-424) to assure that not less than ten percent of the enrollment opportunities in the Head Start program nationwide be available to handicapped children and that the children receive appropriate program services.

Generally, data contained in this report were obtained through an independent survey during the Summer and Fall of 1973. Additional information was provided by the Office of Child Development's central and regional staff personnel involved in training programs, technical assistance activities, and monitoring of local programs.

B. OCD Policies on Head Start Services to Handicapped Children - Key Features

The Office of Child Development established procedures that require Head Start programs at the community level to identify, recruit and serve preschool handicapped children. Key features of those policies are:

1. Head Start grantees and delegate agencies must insure that handicapped children receive the full range of services normally available to all Head Start children as outlined in the Head Start Program Performance Standards. In addition, special services must be provided, as necessary, to meet the identified needs of the handicapped child.

2. The program must provide the handicapped child the experience of learning and playing with non-handicapped children. This plays an important role in fostering the child's self-image, overall development and equips the child to overcome the handicap. Head Start programs are expected to actively reach out into their communities and, in cooperation with other groups and agencies serving handicapped children, must enroll eligible handicapped children whose parents desire the child's participation. No child may be denied admission solely on the basis of the nature or extent of a handicapping condition.

3. Screening, diagnostic and needs assessment procedures utilized must address all handicaps and provide an adequate basis for special education, treatment, and related services. Initial identification must be confirmed by professionals trained in assessing handicapping conditions.

4. Head Start grantees are encouraged to consider program models that can appropriately meet the individual needs of handicapped children. The Head Start program options, which include variations in center attendance and a home-based component, allow grantees greater flexibility to individualize program services.

5. Head Start programs are to make every effort to work with other agencies serving handicapped children in order to mobilize the resources that they can provide to the handicapped children enrolled in Head Start.

6. The requirement that at least ten percent of national enrollment opportunities in Head Start be made available to handicapped children is placed at the regional level. Each OCD Regional Office works with local grantees to meet targeted enrollment levels of handicapped children.

CHAPTER II

RESPONSE TO THE LEGISLATIVE MANDATE

STATUS OF HANDICAPPED CHILDREN IN HEAD START

The 1972 Amendments to the Economic Opportunity Act stipulate that a report describing the status of handicapped children in Head Start be submitted to the Congress annually. This is to include the number of handicapped children enrolled, types of handicaps and services being provided.

The basic information contained in this report of Full Year Head Start programs has been collected through four special surveys. *First*, a mail-out census of all Head Start grantees and delegate agencies was conducted to ascertain, as of November-December 1973, the status of all handicapped children in Head Start. Seventy-nine percent of all grantees and delegate agencies responded to this survey. At least one response was obtained from 83 percent of all Head Start grantees. *Second*, special telephone interviews were conducted with those grantees not responding to the mail-out survey; it was thus possible to obtain a 90 percent response rate for the key items of data reported here. *Third*, from among the respondents to the mail-out survey, a random sample of 100 programs was selected to ascertain the reliability of their responses to the mail-out questionnaire. Responses to this third set of interviews were not significantly different from the responses to the national survey. *Finally*, site visits were conducted at 24 Head Start programs serving the handicapped by special teams experienced in working with handicapped children. Sixteen of these were selected at random, after stratifying for size and region, eight were experimental programs which have received special OCD funding and support to provide services to handicapped children. These site visits were concerned mainly with the quality of the integration effort. Moreover, virtually all other local programs have been visited at least once by some OCD staff person.

A. The Number of Handicapped Children

Salient findings with respect to the number of handicapped children enrolled in Project Head Start include the following:

- **Handicapped children account for at least 10.1 percent of all enrollment in Full Year programs**

  This means that, even if one only considers the children diagnosed as of November-December, 1973–a total of 29,000 of approximately 287,100 enrolled children in Full Year programs–the legislative target of ten percent has been surpassed. The figures for full year enrollment were derived by taking the numbers of children, handicapped and non-handicapped, in reporting programs and projecting these totals to the total population of Full Year Head Start programs. A special survey of non-responding programs indicated that the enrollment of handicapped children did not differ significantly in these programs. A summary of the actual enrollment data, by state, for reporting programs is included in Appendix A. Compared to last year,

a significant number of additional handicapped children are receiving the benefits of a Head Start experience.

Once all diagnoses are complete, the percentage of handicapped children enrolled could turn out to be higher

The 10.1 percent figure includes only children who had been referred as handicapped to Head Start programs, or diagnosed by competent professionals as handicapped after their enrollment in Head Start. If those children who were only partially diagnosed as of November-December, 1973 are added to the total, the percentage could rise as high as 11.9 percent. The further addition of children who were believed by Head Start staff to be handicapped could drive the percentage as high as 13.2 percent.

About nine out of every ten Head Start programs are now serving at least one handicapped child

This, too, represents a significant improvement over a year ago. Last year, only three quarters of all programs were reported to be serving the handicapped. Where a handicapped child was unable to be enrolled the most often cited reasons for non-enrollment included the family did not meet the fee schedule requirements, other agencies were already serving the child, the child's parents refused admission, or the child's handicap was too severe for him to benefit from Head Start.

Handicapped children were reported to account for 11.2 percent of all children enrolled in Summer Head Start

That is, 4,610 of the 41,311 children enrolled by the reporting programs were referred or diagnosed by a qualified professional as handicapped. The majority of reporting programs in a separate survey of Summer Head Start grantees served at least one handicapped child in the Summer of 1973.

In summary, the above figures indicate that local Head Start programs have responded positively to the challenge of the Congressional mandate and at a relatively early stage in the current program year had surpassed the target of ten percent.

B. Types of Handicaps

The primary types of handicapping conditions and the proportions of the handicapped population in Head Start who present each of the conditions are set forth in Figure I in comparison with all preschool handicapped children in the United States.

Figure I is based only on those Head Start children whose handicaps were already diagnosed by professionals as of November-December, 1973. The addition of children who were believed to be handicapped, but not at the time diagnosed as such, would not materially alter the chart.

FIGURE I. COMPARATIVE INCIDENCE OF HANDICAPPING CONDITIONS IN PRESCHOOL CHILDREN

Total Number of Handicapped Preschool Children in U.S. (Fig. A)
Total Number in Head Start (Fig. B)

Fig. A

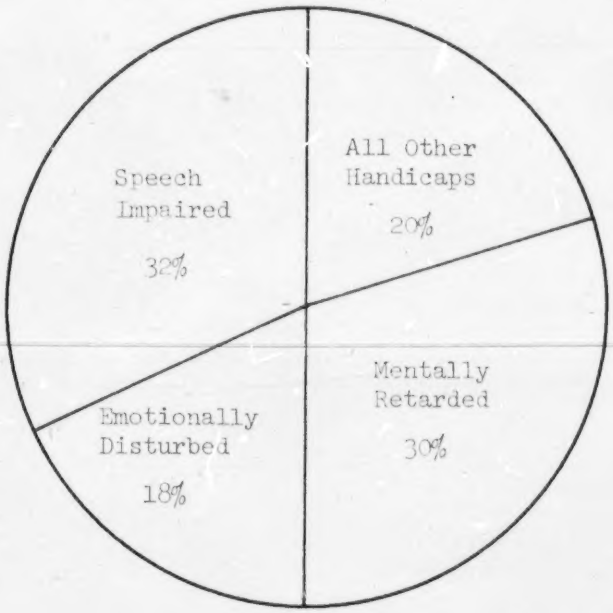
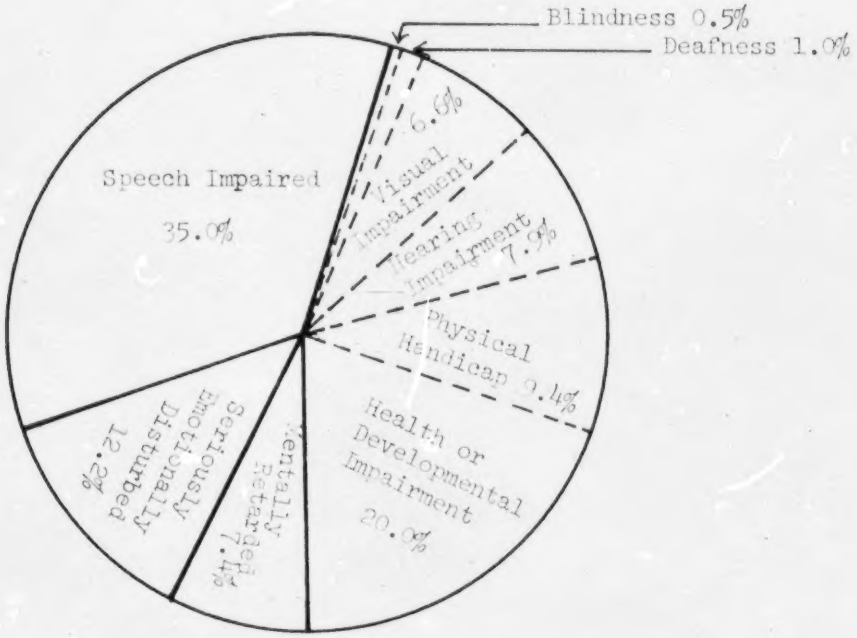


Fig. B



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The largest group of handicapped children enrolled in Full Year Head Start (35.0 percent) has been found to be speech impaired. This is roughly comparable to the nationwide prevalence of speech impairment which affects about one-third of all preschool children. The *specific* impairments of the 10,000 speech impaired children enrolled in Head Start were reported as follows:

Severe articulation difficulties	47.4%
Expressive language difficulties	27.4%
Severe stuttering	12.0%
Voice disorders	3.6%
Cleft palate*	2.5%
Other speech impairments	6.9%
Total	99.8%

The second largest category, health or developmentally impaired, accounted for over 20 percent of all handicapped children in Head Start. The following is a breakdown of the *specific* disorders of this second group of children.

Epilepsy/convulsive disorders	23.9%
Respiratory disorders (including severe asthma)	17.3%
Blood disorders	14.5%
Heart/cardiac disorders	11.4%
Developmental problems, including hyperactivity	11.1%
Brain damage/neurological disorders	9.3%
Other disorders	12.5%
Total	100.0%

Pertinent findings with regard to the *severity* of the handicapping conditions of Head Start children include the following:

About one out of every five handicapped children in Head Start has multiple handicaps

Generally speaking, the multiply handicapped youngster of preschool age is considered to be more severely handicapped than a child the same age with only one handicap. Furthermore, on the basis of the validation survey, there is good reason to believe that the incidence of multiple handicaps may reach as high as 25 percent by the time the diagnoses of all children suspected to be handicapped are completed. For example, Head Start programs have enrolled children with cerebral palsy and accompanying speech problems; spina bifida with associated neurological and orthopedic problems.

*Considered by some specialists as a physical rather than speech disability.

In terms of the special assistance they require, almost half (46.6 percent) of the handicapped children are reported to require "a fair amount" or "practically constant" special assistance

For a variety of reasons, the amount of special assistance required does not necessarily indicate the severity of a child's handicap. As a single measure, however, the extent of staff assistance is probably superior to most others which might have been applied.

C. Services Provided

One of the most important services which Head Start renders on behalf of the preschool handicapped child is the opportunity to be in a developmental environment with children of the same age who are not handicapped. Another important service, with indirect but important benefits to handicapped children, is the provision of special training to Head Start staff to improve their skills in working with handicapped children. Other special services provided or arranged by Head Start include:

- modifications in existing physical facilities or purchases of special equipment and materials in order to meet the special needs of handicapped children;
- initial and periodic diagnoses of the handicapping condition(s) of each handicapped child; and
- ongoing assistance to the child and his/her family in order to maximize the benefits the child and the family can derive from Head Start.

These and other special services are usually provided to the handicapped child over and above the normal range of services provided to all children in Head Start. That is, these special services are in addition to the nutritional, parental involvement, educational, health, and social services which all children in Head Start receive.

The key findings, with respect to each of the above items of special service provided or arranged by Head Start for handicapped children, are as follows:

Full physical integration

Over 90 percent of all Head Start grantees and delegate agencies have enrolled at least one handicapped child. Moreover, handicapped children are present in a majority of Head Start classrooms and centers. This indicates, that the physical integration of handicapped children with non-handicapped children has been widely achieved by local Head Start programs.

Special training efforts

There have been widespread efforts to develop skills of Head Start personnel in working with handicapped children. It is also of note that a significant amount of

the training which has been conducted has been paid for or provided free of charge by outside agencies.

– **Special equipment and materials have been provided for handicapped children by one out of six programs serving the handicapped**

About 17 percent of these programs will be providing other special materials and equipment during the remainder of the year.

– **One program in fourteen reported a need for special physical facilities**

Special physical facilities are often necessary to meet the needs of some of the physically handicapped children and certain other children whose needs require a modified environmental setting. Physically handicapped children account for 9.4 percent of all handicapped children in Head Start. This may well explain the relatively small number of programs which reported a need for special physical facilities.

– **Special diagnostic services have been provided**

About one-third of the handicapped children were referred to Head Start diagnosed as handicapped. The remainder of the children were diagnosed after entering the program. It should also be noted that diagnostic services provided or arranged by Head Start for potentially handicapped children are often in addition to the health screening provided to all children in Head Start.

– **The average handicapped child in Head Start is receiving one to three of the special services listed below**

Head Start programs surveyed were asked to specify the number of handicapped children, by category of handicap, who were receiving special services from Head Start. The percentage of all handicapped children who were receiving each of these services is tabulated below:

Children whose parents are receiving special counseling related to their child's handicap	41.1%
Children who are receiving planned special experiences to increase "adjustment skills" related to their handicap	38.2%
Children who are receiving special individualized counseling	36.1%
Children who are receiving speech or physical therapy	20.0%

Children who are receiving medication and drug therapy	9.8%
Children who are receiving prosthetic devices	5.4%
Children receiving other special services	5.1%

The special services listed above have been provided directly or arranged by Head Start. In addition, a broad array of other special services are being provided by many outside agencies for the handicapped children in Head Start.

D. **Quality of the Head Start Experience for Handicapped Children—A Special Note**

It would not have been feasible to obtain reliable information about the quality of the Head Start experience for the handicapped child from the mail-out survey. Therefore questions of quality were addressed in the site visits at 24 programs.

The major concern in these visits was the quality of the integration effort. As noted, the opportunity to participate in a developmental environment with non-handicapped children may well be the most unique and critically important service Head Start itself can render on behalf of the handicapped child. The nature of the integration effort in 24 programs was assessed through classroom observations made by professionally trained field personnel.

While a full analysis of the field observations has not yet been completed; and further visits are scheduled this spring, the preliminary findings with respect to the quality of the integration effort can be summarized as follows:

- **Psychological as well as physical integration has been achieved in almost all programs visited**

  Only a few isolated cases of partial physical integration or segregation were observed. OCD is taking remedial action when instances of physical segregation come to light. In addition, the handicapped children enrolled in these programs were psychologically integrated into the classroom. They were not being left off on the side or discriminated against. They were, in important ways, participating in the mainstream of activities.

- **The Head Start experience was not judged to be detrimental to any of the handicapped children in the programs visited**

  Even the most severely impaired children observed in these programs were judged to be benefitting from their Head Start experience.

Other related findings from the field visits include the following:

- **In general Head Start program staff have a positive attitude toward the integration of handicapped children with the non-handicapped and believe that integration is beneficial to both groups of children**

The above findings strongly support—and indeed may partially explain—the findings earlier reported with respect to the quality of the integration effort.

CHAPTER III

PROGRAM IMPLEMENTATION

All Head Start grantee developed plans for the enrollment of handicapped children. These plans took into account the incidence of handicapped children in the community, the nature and severity of the handicaps, services provided by other agencies, and present and potential capability of the Head Start program to provide appropriate services to handicapped children in an integrated setting with other Head Start children.

A. Outreach and Recruitment

Efforts were made to increase the number of children in Head Start programs who were significantly handicapped and who needed special education and other services. Head Start programs developed outreach and recruitment procedures to identify and enroll eligible handicapped children whose parents desired the child's participation.

The Head Start programs recruited siblings of previously enrolled Head Start children, and used parent referrals, door-to-door canvassing in the community and community meetings to locate handicapped children. In addition most programs contacted welfare agencies, public health departments and schools to secure information regarding potential Head Start children who were handicapped. Advertising through leaflets, radio or television announcements or other forms of public communication was utilized by some programs.

Even when handicapped children were identified or referred in certain communities, some of these children were not enrolled into Head Start programs. In at least half of these cases, families of the handicapped children could not meet the fee schedule requirements. The fee schedule was subsequently suspended during late winter thus permitting some additional handicapped children who had already been identified to be enrolled. This was particularly important in enabling Head Start to serve certain near-poor children sometimes not reached by other agencies. Referrals from agencies in the community who work with handicapped children were especially welcomed by Head Start, since these agencies usually also provided training opportunities for Head Start staff.

Where Head Start programs have been able to articulate the basic philosophy and objectives of the Head Start effort to serve more handicapped children, and where other agencies were committed to the concept of mainstreaming preschool handicapped children, collaborative efforts became a reality.

B. Screening, Diagnosis and Assessment

Approximately one-third of the handicapped children enrolled in Head Start were referred by organizations or agencies that had professionally diagnosed the child as having a handicapping condition. About two-thirds of the handicapped children were diagnosed after entering Head Start. These diagnoses were made by Head Start staff or

service providers professionally qualified to make such diagnoses: e.g., private physicians, psychiatrists, or speech pathologists. An additional 3.1 percent of all Head Start children are believed to be handicapped in the judgement of Head Start staff and are currently being assessed.

Head Start programs are required to institute procedures to insure that no individual child or family is mislabeled or stigmatized with reference to a handicapping condition. A child is not to be identified as handicapped because of economic circumstances, ethnic or cultural factors, or normal developmental lags. Head Start programs are being assisted in understanding the concept of a diagnostic or assessment team and the ways in which this capability in a local community can be organized and utilized. In addition, through Head Start's efforts to mount a large scale program serving preschool handicapped children many professional organizations are reviewing their approaches to early identification of handicaps and ongoing assessment techniques.

C. Training and Technical Assistance

Each Head Start program has the responsibility, in coordination with the Office of Child Development Regional Office, to identify or arrange the necessary training and technical assistance support for staff and parents to assist them in meeting the special needs of the children.

Eight out of ten programs which have conducted pre-service training or are conducting in-service staff training, indicated that an outside agency conducted the training. Primary agencies reported as conducting staff training include colleges and universities; mental health clinics, state and regional OCD training offices and other community agencies.

Training is being conducted in the form of workshops, college-credit courses, on-site instruction, instruction at the site of other agency facilities and programs, etc. Training topics have included child growth and development with particular emphasis on handicapping conditions, staff attitudes and sensitivity toward working with handicapped children, teaching methods and curriculum development, and speech and language.

Head Start grantees are receiving training and technical assistance in the establishment and utilization of diagnostic teams for the identification and assessment of handicapping conditions. They are also receiving training in the medical and mental health aspects of handicapping conditions and particular nutritional and dental health needs of certain handicapped children.

Technical assistance has been provided in the form of on-site consultation and the development of needs assessment instruments; guidance for teachers of handicapped children; and a variety of booklets, slide-tapes and other materials focused on the needs of Head Start staff and parents.

D. **Parents**

With respect to the parents of children in Head Start, the following may be said on the basis of site visits to 24 programs:

- **Parents of handicapped and non-handicapped children expressed very positive attitudes toward the Head Start program, in general, and in particular toward efforts on behalf of the handicapped children**

Most parents of severely impaired children reported that Head Start has had a significant impact on their lives in terms of providing relief, care, special services, educational services, and alternative constructive ways of thinking about their children. These findings are based on personal interviews with the parents of handicapped children in all 24 Head Start programs which were visited. Clearly, there are ways in which the handicapped children enrolled could benefit even more from their Head Start experience. Nevertheless, at this stage of program development, the over-all quality of the integration effort could be rated as reasonably high. Moreover, Head Start is providing important services to the parents of handicapped children, as evidenced in the testimony of these parents themselves.

Furthermore, Head Start staff generally share the parents' positive attitudes toward the integration of handicapped children. They feel that non-handicapped children are also likely to benefit from integration.

E. **Working with Other Agencies**

The Congressional expectations that other agencies working with preschool handicapped children would be resources for local Head Start programs have been met. At least two-thirds of reporting Head Start programs acknowledged assistance from outside agencies in outreach and recruitment of handicapped children. Approximately two-thirds of all children diagnosed as being handicapped after entering Head Start were diagnosed by outside agencies.

The most frequently mentioned types of assistance received from other agencies were periodic screening, diagnosis, treatment, therapy, and counseling. Approximately six out of ten programs reporting have received technical assistance from other agencies in training their staff about handicapped children. Six out of ten programs report needing additional technical assistance, and many are seeking to augment Head Start resources with outside support.

The National Training Workshop on Head Start Services to Handicapped Children held in St. Louis, Missouri in May 1973 set the stage for the greater involvement of many agencies working with preschool handicapped children in implementation of the Head Start mandate. At that time over forty national and state groups and agencies committed their assistance to Head Start in this effort. Subsequently, these and other groups began working with the OCD Regional Offices to assist in the planning of training activities and to act as trainers and resource personnel. In addition, many contacted their state and local chapters and affiliates with information concerning the

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Head Start mandate, distributing a roster of Head Start programs in their community, with suggestions of ways in which they might be able to help.

Many Head Start programs have worked out arrangements wherein a handicapped child enrolled in Head Start may spend a day or two a week in the facility of another agency that is providing very highly specialized services for the child. In other instances, the personnel of another organization may provide the special services on site in the Head Start center and train staff at the same time. In several communities, groups of local preschool programs have formed a joint effort to coordinate enrollment and services to handicapped children residing in their area. For example, the group might consist of private day care facilities, voluntary programs for the handicapped, Head Start, and private nursery schools. In states where the school systems are now mandated to serve preschool handicapped children, Head Start and the school systems are beginning to develop collaborative efforts for providing a "mainstreaming" approach to serving handicapped children from three to five years old.

Representatives from the Office of Child Development and Head Start programs have been invited to participate in national and regional conventions and workshops sponsored by various agencies and organizations to discuss Head Start's role in serving preschool handicapped children. These forums have provided an opportunity for clarification of Head Start program strategy on serving handicapped children and stimulated further interest at the local level. The Bureau of Education for the Handicapped within the United States Office of Education has initiated such efforts and has assisted selected Head Start programs.

F. Continuity of Services After Head Start

Priority should be given to finding ways to insure continuity in the handicapped child's education and development after Head Start. For most children this means that local schools must find innovative ways to build on the child's preschool experience.

The concept of "mainstreaming" handicapped children into the educational system means providing services to these children in an integrated setting with non-handicapped children. A fundamental concern is that the handicapped children leaving Head Start continue their mainstream experience when they enter the public schools as well as having access to needed special services. It is clear that school systems must exert special efforts on behalf of these children.

As more states pass legislation to provide public education for preschool age handicapped children, decisions will have to be made as to how the schools can provide mainstream experiences for preschoolers. Head Start programs can serve as models of ways to individualize services to children focusing on meeting the special needs of handicapped children in an integrated setting.

CHAPTER IV

EXPERIMENTAL PROJECTS

The experimental projects are part of an overall Head Start Improvement and Innovation effort which emphasizes an individualized approach to meeting the unique needs and the potential of each child and his family in the program, and parallels greater priority in Head Start services to handicapped children.

The programs that were selected to participate in this experimental effort are developing alternative approaches to more effective delivery of services to preschool handicapped children and their families. Successful approaches to enhancing the handicapped child's development, providing services, and establishing delivery systems will be applied to Head Start operations nationwide.

OCD has funded 14 experimental projects that reflect service linkages between local Head Start programs and other community resources serving handicapped children. These were developed in two phases; 6 projects in cooperation with the Bureau of Education for the Handicapped and 8 projects in cooperation with Head Start programs providing special services to the handicapped prior to the Congressional mandate.

The basic purpose of the experimental projects is to demonstrate alternative approaches to providing needed developmental services to handicapped children in Head Start in a program setting with non-handicapped children. The experimental goals and objectives are to:

1. Demonstrate alternative approaches to serving handicapped children in a program setting with non-handicapped children in Head Start programs.

2. Identify benefits which handicapped children derive from participating in Head Start.

3. Develop program models and delivery systems through cooperative linkages between local Head Start programs and other community organizations.

4. Develop replicable approaches for training Head Start staff, including a variety of staff roles, to better enable the staff to serve handicapped children.

5. Design replicable assessment and diagnostic procedures to identify the special needs of handicapped children and indicate appropriate services that may be required.

6. Demonstrate replicable approaches to enhance parent and family participation in the education and development of the handicapped child in Head Start.

7. Demonstrate approaches for providing continuity of services to handicapped children from Head Start through the early school years.

8. Develop evaluation procedures that measure the effectiveness of proposed services for handicapped children.

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APPENDIX A

SURVEY RESULTS OF HANDICAPPED CHILDREN IN HEAD START
BY STATE* (OR GEOGRAPHICAL ENTITY)

FY 1974 FULL YEAR HEAD START PROGRAMS

State (or Geographical Entity)	Number of Programs Responding	Total Number of Children Reported Enrolled	Number of Handicapped Children Reported Enrolled	Percent of Enrollment Reported Handicapped
Alabama	29	6,676	439	6.6
Alaska	2	803	50	6.2
Arizona	15	4,742	251	5.3
Arkansas	18	4,126	417	10.1
California	116	16,659	1,457	8.8
Colorado	26	3,788	718	19.0
Connecticut	15	1,835	174	9.5
Delaware	10	2,370	138	5.8
Florida	28	7,652	391	5.1
Georgia	40	5,179	372	7.2
Hawaii	4	963	75	7.8
Idaho	11	1,092	166	15.2
Illinois	44	9,797	621	6.3

*Including Migrant and Indian Programs within each state, as applicable.

SURVEY RESULTS OF HANDICAPPED CHILDREN IN HEAD START
BY STATE* (OR GEOGRAPHICAL ENTITY) [CONTINUED]

FY 1974 FULL YEAR HEAD START PROGRAMS

State (or Geographical Entity)	Number of Programs Responding	Total Number of Children Reported Enrolled	Number of Handicapped Children Reported Enrolled	Percent of Enrollment Reported Handicapped
Indiana	25	4,916	681	13.9
Iowa	27	2,789	584	20.9
Kansas	16	2,133	264	12.4
Kentucky	38	6,752	1,020	15.1
Louisiana	29	6,570	681	10.4
Maine	14	1,430	195	13.6
Maryland	18	2,724	248	9.1
Massachusetts	34	4,413	405	9.2
Michigan	45	5,224	613	11.7
Minnesota	27	3,046	421	13.8
Mississippi	18	20,126	2,126	10.6
Missouri	18	6,064	734	12.1
Montana	11	1,127	237	21.0

*Including Migrant and Indian Programs within each state, as applicable.

SURVEY RESULTS OF HANDICAPPED CHILDREN IN HEAD START
BY STATE* (OR GEOGRAPHICAL ENTITY) [CONTINUED]

FY 1974 FULL YEAR HEAD START PROGRAMS

State (or Geographical Entity)	Number of Programs Responding	Total Number of Children Reported Enrolled	Number of Handicapped Children Reported Enrolled	Percent of Enrollment Reported Handicapped
Nebraska	13	1,459	150	10.3
Nevada	5	445	72	16.2
New Hampshire	6	656	110	16.8
New Jersey	20	3,569	488	13.7
New Mexico	25	3,033	270	8.9
New York	122	9,675	868	9.0
North Carolina	35	6,916	585	8.5
North Dakota	5	443	91	20.5
Ohio	53	8,614	879	10.2
Oklahoma	33	5,635	605	10.7
Oregon	14	1,581	187	11.8
Pennsylvania	46	6,579	549	8.3
Rhode Island	7	679	79	11.6

*Including Migrant and Indian Programs within each state, as applicable.

SURVEY RESULTS OF HANDICAPPED CHILDREN IN HEAD START
BY STATE* (OR GEOGRAPHICAL ENTITY) [CONTINUED]

FY 1974 FULL YEAR HEAD START PROGRAMS

State (or Geographical Entity)	Number of Programs Responding	Total Number of Children Reported Enrolled	Number of Handicapped Children Reported Enrolled	Percent of Enrollment Reported Handicapped
South Carolina	16	4,031	395	9.8
South Dakota	8	974	193	19.8
Tennessee	22	6,194	957	15.5
Texas	98	14,512	1,235	8.5
Utah	8	856	89	10.4
Vermont	5	697	66	9.5
Virginia	24	3,020	266	8.8
Washington	28	2,533	301	11.9
West Virginia	22	2,918	298	10.2
Wisconsin	22	2,741	284	10.4
Wyoming	4	458	85	18.6
Guam	1	357	72	20.2
Puerto Rico	7	3,541	155	4.4
Survey National Totals	1,327	225,112	22,807	10.1

*Including Migrant and Indian Programs within each state, as applicable.

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